

GOVERNMENT OF THE DISTRICT OF COLUMBIA OFFICE OF CAMPAIGN FINANCE

WASHINGTON, D.C. 20003

REPORT OF RECEIPTS AND EXPENDITURES FOR CANDIDATES, PRINCIPAL CAMPAIGN OR POLITICAL COMMITTEES, POLITICAL ACTION COMMITTEES, INDEPENDENT EXPENDITURE COMMITTEES

SUMMARY PAGE

Full Name of Committee (Name of Candidate, if Candidate is reporting) Brooke Pinto for Ward 2	2. OCF Identification Number PCCCC2207165
Address 1219 Q Street, NW	3. Is this report an Amendment? (Yes or No) ☐ Yes ☑ No
City, State and Zip Code Washington, DC 20009	

4. TYPE OF REPORT: January 31st Report

This REPORT contains activity for: General Election

SUMMARY 5. Covering Period 8/1/2021 through 1/31/2022	COLUMN A THIS PERIOD	COLUMN B CUMULATIVE TO-DATE
6. (a) Cash on Hand (January 31 Year End Report Only)		\$ 28,011.78
(b) Cash on Hand at Beginning of Reporting Period	\$ 23,729.39	
(c) Total Receipts [from Line (16)]	\$ 19,675.00	\$ 271,960.29
(d) Subtotal [add Lines 6(b) and 6(c) for Column A]	\$ 43,404.39	
7. Total Expenditures (from Line 22)	\$ 3,333.74	\$ 231,889.64
8. Cash on Hand at Close of Reporting Period [subtract Line 7 from Line 6(d)]	\$ 40,070.65	
9. Debts and Obligations Owed BY the Committee or the Candidate (itemize all on Schedule D)	\$ 0.00	\$ 0.00
10. (a) Loans Owed By the Committee to the Candidate (itemize all on Schedule E)	\$ 0.00	\$ 25,000.00
(b) Loans from other sources made to the Committee (itemize all on Schedule E-1)	\$ 0.00	\$ 0.00

CERTIFICATIONS/OATHS AND AFFIRMATIONS OF FILERS OF REPORTS OF RECEIPTS AND EXPENDITURES

(1) OATH OR AFFIRMATION OF CANDIDATE IF FILING

I HEREBY SWEAR OR AFFIRM, SUBJECT TO PENALTIES OF PERJURY, THAT I HAVE USED ALL REASONABLE DUE DILIGENCE TO PREPARE THIS REPORT, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE REPORT IS TRUE AND COMPLETE; AND I FURTHER SWEAR OR AFFIRM THAT I USED ALL REASONABLE DUE DILIGENCE TO ENSURE THAT I AND THE POLITICAL COMMITTEES AFFILIATED/AUTHORIZED BY MY CAMPAIGN ARE IN COMPLIANCE WITH THE REPORTING REQUIREMENTS OF THE DISTRICT OF COLUMBIA CAMPAIGN FINANCE ACT OF 2011, AND HAVE ADVISED ALL CONTRIBUTORS OF THE OBLIGATIONS IMPOSED ON CONTRIBUTORS BY THE CAMPAIGN FINANCE ACT.

Ms. Brooke Pinto

TYPE OR PRINT FULL NAME OF CANDIDATE

ELECTRONICALLY CERTIFIED

01/31/2022

SIGNATURE OF CANDIDATE DATE

SUBSCRIBED AND SWORN TO BEFORE ME THIS THEDAYOF,20
NOTARY PUBLIC
NOTE: SUBMISSION OF LATE, FALSE, ERRONEOUS, OR INCOMPLETE INFORMATION MAY SUBJECT THE PERSON TO THE PENALTIES OF D.C. OFFICIAL CODE § 1-1163.35.
(2) OATH OR AFFIRMATION OF COMMITTEE TREASURER
I HEREBY SWEAR OR AFFIRM, SUBJECT TO PENALTIES OF PERJURY THAT I HAVE USED ALL REASONABLE DUE DILIGENCE TO PREPARE THIS REPORT, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE REPORT IS TRUE, CORRECT AND COMPLETE.
TYPE OR PRINT FULL NAME OF TREASURER
SIGNATURE OF TREASURER DATE
SUBSCRIBED AND SWORN TO BEFORE ME THIS THEDAYOF,20
NOTARY PUBLIC
NOTE: SUBMISSION OF LATE, FALSE, ERRONEOUS, OR INCOMPLETE INFORMATION MAY SUBJECT THE PERSON TO THE PENALTIES OF D.C. OFFICIAL CODE § 1-1163.35.
(3) OATH OR AFFIRMATION OF COMMITTEE TREASURER OF INDEPENDENT EXPENDITURE COMMITTEE
I HEREBY SWEAR OR AFFIRM, SUBJECT TO PENALTIES OF PERJURY THAT I HAVE USED ALL REASONABLE DUE DILIGENCE TO PREPARE THIS REPORT, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE REPORT IS TRUE AND COMPLETE; AND I FURTHER SWEAR OR AFFIRM THAT THE COMMITTEE HAS MADE NO CONTRIBUTIONS OR TRANSFER OF FUNDS TO ANY PUBLIC OFFICIAL OR CANDIDATE, ANY POLITICAL COMMITTEE, OR ANY POLITICAL ACTION COMMITTEE.
TYPE OR PRINT FULL NAME OF TREASURER
SIGNATURE OF TREASURER DATE
SUBSCRIBED AND SWORN TO BEFORE ME THIS THEDAYOF,20
NOTARY PUBLIC

NOTE: SUBMISSION OF LATE, FALSE, ERRONEOUS, OR INCOMPLETE INFORMATION MAY SUBJECT THE PERSON TO THE PENALTIES OF D.C. OFFICIAL CODE § 1-1163.35.

(4) OATH OR AFFIRMATION OF COMMITTEE TREASURER OF POLITICAL ACTION COMMITTEE

I HEREBY SWEAR OR AFFIRM, SUBJECT TO PENALTIES OF PERJURY THAT I HAVE USED ALL REASONABLE DUE DILIGENCE TO PREPARE THIS REPORT, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE REPORT IS TRUE AND COMPLETE; AND I FURTHER SWEAR OR AFFIRM THAT THE CONTRIBUTIONS RECEIVED BY THE COMMITTEE AND THE EXPENDITURES MADE HAVE NOT BEEN CONTROLLED OR DIRECTED BY ANY PUBLIC OFFICIAL OR CANDIDATE, ANY POLITICAL COMMITTEE, OR ANY POLITICAL PARTY.

TYPE OR PRINT FULL NAME OF TREASURER	
SIGNATURE OF TREASURER	DATE
SUBSCRIBED AND SWORN TO BEFORE ME THIS THEDAYOF,20	

NOTARY PUBLIC

NOTE: SUBMISSION OF LATE, FALSE, ERRONEOUS, OR INCOMPLETE INFORMATION MAY SUBJECT THE PERSON TO THE PENALTIES OF D.C. OFFICIAL CODE § 1-1163.35.

DETAILED SUMMARY PAGE OF RECEIPTS AND EXPENDITURES OCF Form 16, Page 2

Full Name of Committee (Name of Candidate, if Candidate is reporting) Brooke Pinto for Ward 2					
I. RECEIPTS COLUMN A TOTAL THIS PERIOD		COLUMN B CUMULATIVE TO-DATE CUMULATIVE YEAR-TO-DATE			
11. CONTRIBUTIONS (OTHER THAN LOANS) FROM:					
(a) Individuals/Organizations Other Than Political Committees (Schedule A)	\$	19,675.00	\$	193,397.15	11(a)
(b) Political Party Committees (Schedule A-1)	\$	0.00	\$	0.00	11(b)
(c) Political Committees Other than Pol. Comms. Authorized by the same Candidate (Schedule A-2)	\$	0.00	\$	1,905.21	11(c)
(d) The Candidate (Schedule A-3)	\$	0.00	\$	21,244.93	11(d)
 (e) Transfers From Authorized Committees of the Candidate identified in this Report (Schedule A-4) (f) Itemized Monetary Contributions received in excess of \$10,000 from source not associated with the candidate or committee (Schedule A-7) 	\$ \$	0.00	\$ \$	0.00	11(e) 11(f)
(g) Total Contributions (Other than Loans) [add lines 11(a), (b), (c), (d), (e) and (f)]	\$	19,675.00	\$	216,547.29	
12. SALES AND COLLECTIONS (Schedule C)	\$	0.00	\$	0.00	12
13. LOANS					
(a) Loans owed By the Committee to the Candidate (Schedule E)	\$	0.00	\$	25,000.00	13(a)
(b) Loans from other source made to the Committee (Schedule E-1)	\$	0.00	s	0.00	13(b)
(c) Total Loans [add Lines 13(a) and (b)]	s	0.00	s	25,000.00	13(c)
14. OTHER RECEIPTS (Dividends, Interest, etc.) (Schedule A-5)	s	0.00	s	28,123.74	14
15. OFFSETS TO OPERATING EXPENDITURES (Schedule A-6)	\$	0.00	s	2,289.26	15
	\$	19,675.00	\$	271,960.29	16
16. TOTAL RECEIPTS [add Lines 11(g), 12, 13(c), 14 and 15]				·	
II. EXPENDITURES 17. OPERATING EXPENDITURES (Schedule B)	s	3,333.74	\$	196,826.04	17
17. OF ERATING EAT EMPTONES (SCHOOLE B)				-	17
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES (Schedule B-1)	\$	0.00	\$	0.00	18
19. LOAN REPAYMENTS:		0.00		0.00	10()
(a) Of Loans owed By the Committee to the Candidate (Schedule E)	\$	0.00	\$	0.00	19(a)
(b) Of Loans from other source made to the Committee (Schedule E-1)	\$	0.00	\$	0.00	19(b)
(c) Total Loan Repayments [add Lines 19(a) and 19(b)] 20. REFUNDS OF CONTRIBUTIONS TO:	\$	0.00	\$	0.00	19(c)
(a) Individuals/Organizations Other Than Political Committees (Schedule B-2)	\$	0.00	\$	14,150.00	20(a)
(b) Political Party Committees (Schedule B-3)	\$	0.00	\$	0.00	20(b)
(c) Other Political Committees and PACs (Schedule B-4)	\$	0.00	\$	0.00	20(c)
(d) Total Contribution Refunds [add Lines 20(a), (b), and (c)] 21. OTHER EXPENDITURES	\$	0.00	\$	14,150.00	20(d)
(a) Independent Expenditures (Schedule B-5)	\$	0.00	\$	0.00	21(a)
(b) Offsets to Receipts (Schedule B-6)	\$	0.00	\$	20,913.60	21(b)
(c) Total Other Expenditures [add Lines 21(a), and 21(b)]	\$	0.00	\$	20,913.60	21(c)
22. TOTAL EXPENDITURES [add Lines 17, 18, 19(c), 20(d), and 21(c)]	\$	3,333.74	\$	231,889.64	22
III. CASH SUMMARY					
23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	\$			23,729.39	9
24. TOTAL RECEIPTS THIS PERIOD (from Line 16)	\$	s 19,675.00			0
25. SUBTOTAL (add Lines 23 and 24)	\$			43,404.39	9
26. TOTAL EXPENDITURES THIS PERIOD (from Line 22)	\$			3,333.74	4
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)	\$			40,070.65	5

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Full Name of Committee (Name of Candidate, if Cand Brooke Pinto for Ward 2	idate is reporting)		
Full Name, Mailing Address and Zip Code Joseph Galli 4411 Cathedral Ave NW, Washington, DC 20016	Contribution Type ☐ Cash ☐ Money Order ☐ Check ☐ Cashier Check ☐ Credit Card ☐ Other (Specify) ☐ In Kind (Specify)	Date (month, day, year) 11/09/2021	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation Real Estate Name and Address of Employer		
	Bernstein Companies 3299 K St NW, Washington, DC 20007		
	Aggregate Year-To-date		\$ 500.00
Full Name, Mailing Address and Zip Code Cynthia Howar 3940 Highwood Ct NW, Washington, DC 20007	Contribution Type ☐ Cash ☐ Money Order ☐ Check ☐ Cashier Check ☐ Credit Card ☐ Other (Specify) ☐ In Kind (Specify)	Date (month, day, year) 11/09/2021	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation Name and Address of Employer Self Employed		
	Aggregate Year-To-date		\$ 500.00
Full Name, Mailing Address and Zip Code Adam Bernstein 4409 Klingle St NW, Washington, DC 20016	Contribution Type ☐ Cash ☐ Money Order ☐ Check ☐ Cashier Check ☑ Credit Card ☐ Other (Specify) ☐ In Kind (Specify)	Date (month, day, year) 11/09/2021	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation Real Estate		
individuai	Name and Address of Employer Bernstein Companies 3299 K St NW, Washington, DC 20007		
	Aggregate Year-To-date		\$ 500.00
4. Full Name, Mailing Address and Zip Code Joseph Hassett 555 13th St NW, Washington, DC 20004	Contribution Type ☐ Cash ☐ Money Order ☐ Check ☐ Cashier Check ☑ Credit Card ☐ Other (Specify) ☐ In Kind (Specify)	Date (month, day, year) 11/09/2021	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation Attorney	_	
	Name and Address of Employer Hogan Lovells		
	Aggregate Year-To-date	•	\$ 500.00
5. Full Name, Mailing Address and Zip Code Richard Levy 2808 P St NW, Washington, DC 20007	Contribution Type ☐ Cash ☐ Money Order ☐ Check ☐ Cashier Check ☐ Other (Specify) ☐ In Kind (Specify)	Date (month, day, year) 11/09/2021	Amount of Each Receipt This Period \$ 500.00
Contributor Type	Occupation Real Estate		
Individual	Name and Address of Employer The Levy Group 1321 Wisconsin Ave NW, Washington, DC 20007		0.500.00
	Aggregate Year-To-date		\$ 500.00

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Full Name of Committee (Name of Candidate, if Candidate is reporting)

Brooke Pinto for Ward 2	
Full Name of Committee (Name of Candidate, if Candida	ne is report

Brooke Pinto for Ward 2			i
 Full Name, Mailing Address and Zip Code Ashley Burke 3217 Volta Pl NW, Washington, DC 20007 	Contribution Type ☐ Cash ☐ Money Order ☐ Check ☐ Cashier Check ☑ Credit Card ☐ Other (Specify) ☐ In Kind (Specify)	Date (month, day, year) 11/11/2021	Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual	Occupation Communications Name and Address of Employer NMA 101 Constitution Ave NW, Washington, DC 20001		
	Aggregate Year-To-date		\$ 100.00
7. Full Name, Mailing Address and Zip Code Arthur and Margaret Heimbold 3254 N St NW, Washington, DC 20007 Contributor Type Individual	Contribution Type □ Cash □ Money Order □ Check □ Cashier Check ☑ Credit Card □ Other (Specify) □ In Kind (Specify) Occupation Realtor Name and Address of Employer	Date (month, day, year) 11/11/2021	Amount of Each Receipt This Period \$ 100.00
	Long and Foster 1680 Wisconsin Ave NW, Washington, DC 20007		
	Aggregate Year-To-date		\$ 100.00
8. Full Name, Mailing Address and Zip Code David Bradley 2211 30th St NW, Washington, DC 20008 Contributor Type	Contribution Type ☐ Cash ☐ Money Order ☐ Check ☐ Cashier Check ☑ Credit Card ☐ Other (Specify) ☐ In Kind (Specify) Occupation Self Employed	Date (month, day, year) 11/12/2021	Amount of Each Receipt This Period \$ 500.00
Individual	Name and Address of Employer B5 Enterprises Aggregate Year-To-date		\$ 500.00
9. Full Name, Mailing Address and Zip Code Marcia Carlucci 1207 Crest Ln, McLean, VA 22101	Contribution Type ☐ Cash ☐ Money Order ☐ Check ☐ Cashier Check ☑ Credit Card ☐ Other (Specify) ☐ In Kind (Specify)	Date (month, day, year) 11/14/2021	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation Name and Address of Employer Not employed		
	Aggregate Year-To-date		\$ 500.00
 Full Name, Mailing Address and Zip Code Houston Powell 3030 K St NW Apt 210, Washington, DC 20007 	Contribution Type ☐ Cash ☐ Money Order ☐ Check ☐ Cashier Check ☑ Credit Card ☐ Other (Specify) ☐ In Kind (Specify)	Date (month, day, year) 11/15/2021	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation Name and Address of Employer Not employed		
	Aggregate Year-To-date	l	\$ 500.00

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Full Name of Committee (Name of Candidate, if Candidate is reporting)

11. Full Name, Mailing Address and Zip Code Jenn Crovato 1215 29th St NW, Washington, DC 20007 Contributor Type Individual 12. Full Name, Mailing Address and Zip Code Mary Maxwell 20265 Water Mark Pl, Potomac Falls, VA 20165	Contribution Type □ Cash □ Cashier Check □ Cashier Check □ Credit Card □ Other (Specify) □ In Kind (Specify) Occupation Chef Name and Address of Employer 1310 Kitchen and Bar 1310 Wisconsin Ave NW, Washington, DC 20007 Aggregate Year-To-date Contribution Type □ Cash □ Cashier Check □ Credit Card □ Check	Date (month, day, year) 11/17/2021 Date (month, day, year) 11/18/2021	Amount of Each Receipt This Period \$ 250.00 \$ 250.00 Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	☐ Other (Specify) ☐ In Kind (Specify) Occupation Physician Name and Address of Employer MedStar Health 10980 Grantchester Way Fl 8, Columbia, MD 21044 Aggregate Year-To-date		\$ 500.00
13. Full Name, Mailing Address and Zip Code Kenneth Samet 8820 Burdette Rd, Bethesda, MD 20817	Contribution Type ☐ Cash ☐ Money Order ☐ Check ☐ Cashier Check ☑ Credit Card ☐ Other (Specify) ☐ In Kind (Specify)	Date (month, day, year) 11/19/2021	Amount of Each Receipt This Period \$ 500.00
Contributor Type Individual	Occupation Healthcare Executive Name and Address of Employer MedStar Health 10980 Grantchester Way, Columbia, MD 21044		
	Aggregate Year-To-date		\$ 1,000.00
14. Full Name, Mailing Address and Zip Code Stacy Samet 8820 Burdette Rd, Bethesda, MD 20817 Contributor Type	Contribution Type ☐ Cash ☐ Money Order ☐ Check ☐ Cashier Check ☐ Credit Card ☐ Other (Specify) ☐ In Kind (Specify) Occupation	Date (month, day, year) 11/19/2021	Amount of Each Receipt This Period \$ 500.00
Individual	Name and Address of Employer Not employed		
	Aggregate Year-To-date		\$ 500.00
15. Full Name, Mailing Address and Zip Code Greg Argyros 16809 Ethelwood Ter, Olney, MD 20832 Contributor Type Individual	Contribution Type Cash Money Order Cashier Check Cashier	Date (month, day, year) 11/20/2021	Amount of Each Receipt This Period \$ 500.00
Individual	Name and Address of Employer MedStar Health 110 Irving St NW, Washington, DC 20010 Aggregate Year-To-date		\$ 500.00

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Full Name of Committee (Name of Candidate, if Candidate is reporting)

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16. Full Name, Mailing Address and Zip Code Susan Nelson 5895 Deborah Jean Dr, Elkridge, MD 21075	Contribution Type ☐ Cash ☐ Money Order ☐ Check ☐ Cashier Check ☑ Credit Card ☐ Other (Specify) ☐ In Kind (Specify)	Date (month, day, year) 11/20/2021	Amount of Each Receipt This Period \$ 500.00
Contributor Type	Occupation Finance		
Individual	Name and Address of Employer	1	
	MedStar 10980 Grantchester Way, Columbia, MD 21044		
	Aggregate Year-To-date		\$ 500.00
17. Full Name, Mailing Address and Zip Code	Contribution Type	Date (month,	Amount of Each
Annemarie Ryan	☐ Cash ☐ Money Order ☐ Check	day, year)	Receipt This Period
	☐ Cashier Check ☐ Credit Card	day, year)	Receipt This Teriou
1425 33rd St NW, Washington, DC 20007	☐ Other (Specify)	11/21/2021	\$ 325.00
	☐ In Kind (Specify)		
Contributor Type	Occupation Not Employed	-	
Individual	Name and Address of Employer	1	
	Not Employed		
	1 tot Employed		
	Aggregate Year-To-date		\$ 700.00
18. Full Name, Mailing Address and Zip Code	Contribution Type	Date (month,	Amount of Each
Annemarie Ryan	☐ Cash ☐ Money Order ☐ Check	day, year)	Receipt This Period
1425 33rd St NW, Washington, DC 20007	☐ Cashier Check ☐ Credit Card	day, year)	Receipt Tills Ferrou
1425 351u St NW, Washington, DC 20007	☐ Other (Specify)	11/21/2021	\$ 200.00
	☐ In Kind (Specify)		
Contributor Type	Occupation Not Employed	†	
Individual		-	
	Name and Address of Employer		
	Not Employed		
	Aggregate Year-To-date		\$ 700.00
19. Full Name, Mailing Address and Zip Code	Contribution Type	Date (month,	Amount of Each
Michael Sachtleben	☐ Cash ☐ Money Order ☐ Check	day, year)	Receipt This Period
1100 Mill Field Ct, Great Falls, VA 22066	☐ Cashier Check ☐ Credit Card	day, year)	receipt Tills Tellou
1100 Min Field Ct, Great Fans, VA 22000	☐ Other (Specify)	11/21/2021	\$ 500.00
	☐ In Kind (Specify)		
Contributor Type	Occupation Healthcare Administrator	1	
Individual	•	-	
	Name and Address of Employer		
	MedStar Health		
	3800 Reservoir Rd NW, Washington, DC 20007		Ø 1 000 00
	Aggregate Year-To-date		\$ 1,000.00
20. Full Name, Mailing Address and Zip Code	Contribution Type	Date (month,	Amount of Each
Eric Wagner	☐ Cash ☐ Money Order ☐ Check	day, year)	Receipt This Period
711 E Timber Branch Pkwy, Alexandria, VA	☐ Cashier Check ☐ Credit Card	11/21/2021	© 5 00 00
22302	☐ Other (Specify)	11/21/2021	\$ 500.00
	☐ In Kind (Specify)	_	
Contributor Type	Occupation Healthcare		
Individual	Name and Address of Employer		
	MedStar		
	Aggregate Year-To-date		\$ 500.00
			2 200.03

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Full Name of Committee (Name of Candidate, if Candidate is reporting)

Brooke rinto for ward 2			
21. Full Name, Mailing Address and Zip Code Susan Sterling 10508 Streamview Ct, Potomac, MD 20854	Contribution Type ☐ Cash ☐ Money Order ☐ Check ☐ Cashier Check ☑ Credit Card ☐ Other (Specify) ☐ In Kind (Specify)	Date (month, day, year) 11/22/2021	Amount of Each Receipt This Period \$ 500.00
Contributor Type	Occupation Executive Director		
Individual	Name and Address of Employer National Museum of Women in the Arts 1250 New York Ave NW, Washington, DC 20005		
	Aggregate Year-To-date		\$ 500.00
22. Full Name, Mailing Address and Zip Code	Contribution Type	Date (month,	Amount of Each
Oliver Johnson	☐ Cash ☐ Money Order ☐ Check	day, year)	Receipt This Period
14717 Dover Rd, Reisterstown, MD 21136	☐ Cashier Check ☑ Credit Card	11/22/2021	\$ 500.00
	☐ Other (Specify)	11/22/2021	\$ 500.00
	☐ In Kind (Specify)	4	
Contributor Type Individual	Occupation Attorney	4	
	Name and Address of Employer		
	MedStar 10980 Grantchester Way, Columbia, MD 21044		
	Aggregate Year-To-date		\$ 500.00
23. Full Name, Mailing Address and Zip Code	Contribution Type	Date (month,	Amount of Each
Mabel Johnson	☐ Cash ☐ Money Order ☐ Check	day, year)	Receipt This Period
14717 Dover Rd, Reisterstown, MD 21136	☐ Cashier Check ☐ Credit Card		-
2777 20701 214, 100,000 000 114, 112 22200	☐ Other (Specify)	11/22/2021	\$ 500.00
	☐ In Kind (Specify)		
Contributor Type	Occupation		
Individual	Name and Address of Employer		
	Not employed		
	Aggregate Year-To-date		\$ 500.00
24. Full Name, Mailing Address and Zip Code	Contribution Type	Date (month,	Amount of Each
Stephen Evans	☐ Cash ☐ Money Order ☐ Check	day, year)	Receipt This Period
8828 Burning Tree Rd, Bethesda, MD 20817	☐ Cashier Check ☐ Credit Card	11/23/2021	-
	☐ Other (Specify)	11/23/2021	\$ 500.00
	☐ In Kind (Specify)		
Contributor Type	Occupation		
Individual	Name and Address of Employer		
	Aggregate Year-To-date	1	\$ 500.00
25. Full Name, Mailing Address and Zip Code	Contribution Type	Date (month,	Amount of Each
Peter Curley	☐ Cash ☐ Money Order ☐ Check	day, year)	Receipt This Period
3265 P St NW, Washington, DC 20007	☐ Cashier Check ☐ Credit Card	11/26/2021	\$ 250.00
	☐ Other (Specify)	11/20/2021	\$ 25 0.00
Contributor Torre	☐ In Kind (Specify)	-	
Contributor Type Individual	Occupation Advisor	-	
	Name and Address of Employer		
	US Department of Treasury 1500 Pennsylvania Ave NW, Washington, DC 20220		
	Aggregate Year-To-date	1	\$ 250.00
	00 50		\$ 200.00

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Full Name of Committee (Name of Candidate, if Candidate is reporting)

Di toke Tilito for Waru 2			
26. Full Name, Mailing Address and Zip Code Moira Uskokovic Bogrov 2541 Waterside Dr NW, Washington, DC 20008	Contribution Type ☐ Cash ☐ Money Order ☐ Check ☐ Cashier Check ☐ Credit Card ☐ Other (Specify) ☐ In Kind (Specify)	Date (month, day, year) 11/30/2021	Amount of Each Receipt This Period \$ 100.00
Contributor Type	Occupation MD		
Individual	Name and Address of Employer George Washington University 800 21st St NW, Washington, DC 20052		
	Aggregate Year-To-date		\$ 100.00
27. Full Name, Mailing Address and Zip Code	Contribution Type	Date (month,	Amount of Each
Rick Murphy	☐ Cash ☐ Money Order ☐ Check	day, year)	Receipt This Period
3136 P St NW, Washington, DC 20007	☐ Cashier Check ☐ Credit Card	11/30/2021	\$ 250.00
	☐ Other (Specify)	11/30/2021	\$ 250.00
	☐ In Kind (Specify)	_	
Contributor Type Individual	Occupation		
mar radar	Name and Address of Employer		
	Not employed		
	Aggregate Year-To-date	<u> </u>	\$ 250.00
28. Full Name, Mailing Address and Zip Code	Contribution Type	Date (month,	Amount of Each
Shalom Baranes	☐ Cash ☐ Money Order ☐ Check	day, year)	Receipt This Period
3052 P St NW, Washington, DC 20007	☐ Cashier Check ☑ Credit Card		_
g ,	☐ Other (Specify)	11/30/2021	\$ 500.00
	☐ In Kind (Specify)		
Contributor Type	Occupation Architect		
Individual	Name and Address of Employer		
	Shalom Baranes Associates		
	1010 Wisconsin Ave NW, Washington, DC 20007		
	Aggregate Year-To-date		\$ 500.00
29. Full Name, Mailing Address and Zip Code	Contribution Type	Date (month,	Amount of Each
Peter Rogers	☐ Cash ☐ Money Order ☐ Check	day, year)	Receipt This Period
1505 28th St NW, Washington, DC 20007	☐ Cashier Check ☐ Credit Card	12/01/2021	\$ 250.00
	Other (Specify)		
	☐ In Kind (Specify)	4	
Contributor Type Individual	Occupation CEO	_	
maryidaa	Name and Address of Employer		
	B4 Checkin Ltd		
	Aggregate Year-To-date	1	\$ 250.00
30. Full Name, Mailing Address and Zip Code	Contribution Type	Date (month,	Amount of Each
Fabiola Marten	☐ Cash ☐ Money Order ☐ Check	day, year)	Receipt This Period
4910 Massachusetts Ave NW, Washington, DC	☐ Cashier Check ☐ Credit Card		_
20016	☐ Other (Specify)	12/01/2021	\$ 100.00
	☐ In Kind (Specify)	_	
Contributor Type Individual	Occupation	_	
individual	Name and Address of Employer		
	Not employed		
	Aggregate Year-To-date		\$ 100.00
	!		

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Full Name of Committee (Name of Candidate, if Candidate is reporting)

Brooke rinto for ward 2			
31. Full Name, Mailing Address and Zip Code John Rockwood 6232 32nd Pl NW, Washington, DC 20015	Contribution Type ☐ Cash ☐ Money Order ☐ Check ☐ Cashier Check ☑ Credit Card ☐ Other (Specify) ☐ In Kind (Specify)	Date (month, day, year) 12/05/2021	Amount of Each Receipt This Period \$ 500.00
Contributor Type	Occupation Hospital Administration		
Individual	Name and Address of Employer		
	MedStar Health		
	102 Irving St NW, Washington, DC 20010		
	Aggregate Year-To-date		\$ 600.00
32. Full Name, Mailing Address and Zip Code		D (/ 1	4 CF 1
	Contribution Type	Date (month,	Amount of Each
Thomas Ryan	☐ Cash ☐ Money Order ☐ Check	day, year)	Receipt This Period
1425 33rd St NW, Washington, DC 20007	☐ Cashier Check ☐ Credit Card	12/05/2021	\$ 500.00
	Other (Specify)		
	☐ In Kind (Specify)		
Contributor Type Individual	Occupation Not Employed		
individual	Name and Address of Employer		
	Not Employed		
	Accessed Very To John		£ 700 00
	Aggregate Year-To-date		\$ 700.00
33. Full Name, Mailing Address and Zip Code	Contribution Type	Date (month,	Amount of Each
John Delaney	☐ Cash ☐ Money Order ☐ Check	day, year)	Receipt This Period
8921 Durham Dr, Potomac, MD 20854	☐ Cashier Check ☑ Credit Card		-
0,21 2 W M M D 1, 1 0 00 M M O 2000 1	☐ Other (Specify)	12/06/2021	\$ 500.00
	☐ In Kind (Specify)		
Contributor Type	Occupation Executive		
Individual		_	
	Name and Address of Employer Forbright		
	Forbright		
	Aggregate Year-To-date		\$ 500.00
34. Full Name, Mailing Address and Zip Code	Contribution Type	Date (month,	Amount of Each
Patricia Lotuff	☐ Cash ☐ Money Order ☐ Check	day, year)	Receipt This Period
395 Eel River Rd, Osterville, MA 02655	☐ Cashier Check ☐ Credit Card	day, year)	receipt Tills Teriou
373 Eci River Ru, Ostervine, MA 02033	☐ Other (Specify)	12/06/2021	\$ 500.00
	☐ In Kind (Specify)		
Ct-:lt T	1 2 2		
Contributor Type Individual	1 1 1		
1141114441	Name and Address of Employer		
	Not Employed		
	Aggregate Year-To-date	1	\$ 750.00
35. Full Name, Mailing Address and Zip Code	Contribution Type	Date (month,	Amount of Each
Joe Sternlieb	☐ Cash ☐ Money Order ☐ Check	day, year)	Receipt This Period
	☐ Cashier Check ☐ Credit Card	day, year)	-
3811 Kanawha St NW, Washington, DC 20015	☐ Other (Specify)	12/06/2021	\$ 500.00
	☐ In Kind (Specify)		
Contributor Type	Occupation City Planner	1	
Individual	Name and Address of Employer	┥ !	
	Georgetown BID		
	3811 Kanawha St NW, Washington, DC 20015		
	Aggregate Year-To-date	1	\$ 500.00
	00 0		4

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Full Name of Committee (Name of Candidate, if Candidate is reporting)

36. Full Name, Mailing Address and Zip Code Cache Money Order Cache Cache Money Order Cache Ca	Di ooke 1 iiito 101 Waru 2			
Name and Address of Employer Dectrine Education Consulting LLC 20 20 20 20 20 20 20 2	Lisa Bernstein	☐ Cash ☐ Money Order ☐ Check ☐ Cashier Check ☑ Credit Card ☐ Other (Specify)	day, year)	Receipt This Period
Name and Address of Employer Solution Type Individual 37. Full Name, Mailing Address and Zip Code Gretchen Neal Solution (Solution Speech) In Kind Operation Share and Address of Employer Solution Type Individual 38. Full Name, Mailing Address and Zip Code David Catania 2122 Newport PI NW, Washington, DC 20037 Contributor Type Individual 39. Full Name, Mailing Address and Zip Code David Catania 2122 Newport PI NW, Washington, DC 20037 Contributor Type Individual 39. Full Name, Mailing Address and Zip Code David Catania 2122 Newport PI NW, Washington, DC 20037 Contributor Type Individual 39. Full Name, Mailing Address and Zip Code David Catania 2122 Newport PI NW, Washington, DC 20037 Contributor Type Individual 39. Full Name, Mailing Address and Zip Code David Catania 2122 Newport PI NW, Washington, DC 20037 Contributor Type Individual 39. Full Name, Mailing Address and Zip Code David Catania 2122 Newport PI NW, Washington, DC 20037 Contributor Type Individual 39. Full Name, Mailing Address and Zip Code David Catania 2122 Newport PI NW, Washington, DC 20037 Contributor Type Individual 30. Full Name, Mailing Address and Zip Code David Catania 2122 Newport PI NW, Washington, DC 20037 Contributor Type Individual Aggregate Vear-Io-date Contributor Type Individual Name and Address of Employer Congress Public Affairs 2122 Newport PI NW, Washington, DC 20037 Contributor Type Individual Name and Address of Employer Indi	Contributor Type	Occupation Founder		
Amount of Each Create National Contributor Type	Individual	Doctrina Education Consulting LLC 39 Ardsmoor Rd, Melrose, MA 02176		
Cash		Aggregate Year-To-date		\$ 1,000.00
Cashier Check Credit Card Other (Specify) In Kind (Speci	37. Full Name, Mailing Address and Zip Code	Contribution Type	Date (month,	Amount of Each
Other (Specify) In Kind (Specify) In Kin	Gretchen Neal	☐ Cash ☐ Money Order ☐ Check	day, year)	Receipt This Period
Contributor Type Name and Address of Employer SNS Souther Cheek Cash Managing Director Contributor Type Individual Managing Director Contributor Type Contributor Ty	5502 Albia Rd, Bethesda, MD 20816		12/06/2021	\$ 500.00
Contributor Type Individual Name and Address of Employer SMS Name and Address of Employer SMS Section SMS SM			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	*******
Individual Name and Address of Employer SMS Name and Address of Employer SMS Name and Address of Employer SMS Name and Address of Employer Contributor Type Contributor Ty	Contributor Tuno		_	
Aggregate Year-To-date \$5.00.00 38. Full Name, Mailing Address and Zip Code David Catania Coshier Cheek Credit Card Cheek Coshier Cheek Credit Card Cheek Credit Card Cheek Coshier Cheek Credit Card Cheek Cheek Credit Card Cheek Cashier Cheek Cashier Cheek Cashier Cheek Cashier Cheek Credit Card Cheek Cashier		•	_	
Aggregate Year-To-date Aggregate Year-To-date Contribution Type Individual Aggregate Year-To-date Contributor Type Individual Amount of Each Receipt This Period Cash				
Second Contribution Type Casher Check Contribution Type Casher Check Contribution Type Casher Check Contribution Type Casher Check Contribution Type Contribution Ty				
Cash		Aggregate Year-To-date		\$ 500.00
Cashier Cheek Gredit Card Other (Specify) In Kind (Specify	38. Full Name, Mailing Address and Zip Code		Date (month,	Amount of Each
Other (Specify) In Kind (Specify) In Kin	David Catania	☐ Cash ☐ Money Order ☐ Check	day, year)	Receipt This Period
Contributor Type Individual Contributor Type Individual Contr	2122 Newport Pl NW, Washington, DC 20037		12/06/2021	\$ 500.00
Contributor Type Individual Name, and Address of Employer Georgetown Public Affairs 2122 Newport PI NW, Washington, DC 20037 Aggregate Year-To-date S 1,500.00			12,00,2021	\$ 50000
Individual Name and Address of Employer Georgetown Public Affairs 2122 Newport Pl NW, Washington, DC 20037 Aggregate Year-To-date S 1,500.00			_	
Georgetown Public Affairs 2122 Newport Pl NW, Washington, DC 20037 Aggregate Year-To-date S 1,500.00		•	_	
Aggregate Year-To-date S 1,500.00		* *		
Aggregate Year-To-date Solution Type Cash Money Order Check Gereit Card Livery of Contributor Type Individual		_		
Cash Money Order Cheek Cash Money Order Cheek Cashier Cheek Ca				\$ 1,500.00
Cash Money Order Cheek Cash Money Order Cheek Cashier Cheek Ca	39. Full Name, Mailing Address and Zip Code	Contribution Type	Date (month.	Amount of Each
Contributor Type Individual Contributor Type Individual Aggregate Year-To-date Contribution Type Jennifer Romm 1336 30th St NW, Washington, DC 20007 Contributor Type Individual Contrib	_		, ,	
Contributor Type Individual Contributor Type Individual Aggregate Year-To-date Contributor Type Jennifer Romm 1336 30th St NW, Washington, DC 20007 Contributor Type Individual Contributor Type Jennifer Romm Contributor Type Jennifer Romm Contributor Type Jennifer Romm Contributor Type Jennifer Romm Contributor Type Jennifer Rome Contributor Type Jennifer Rome Contributor Type Jennifer Rome Contributor Check Contributor Type Jennifer Rome Contributor Type Individual Name and Address of Employer Library of Congress Jol Independence Ave SE, Washington, DC 20540	2122 Newport Pl NW, Washington, DC 20037	☐ Cashier Check ☑ Credit Card		_
Contributor Type Individual Name and Address of Employer Georgetown Public Affairs 2122 Newport Pl NW, Washington, DC 20037 Aggregate Year-To-date S 1,500.00 40. Full Name, Mailing Address and Zip Code Jennifer Romm 1336 30th St NW, Washington, DC 20007 Contributor Type Cash Money Order Check day, year) Receipt This Period Cash Cotter (Specify) In Kind (Specify) In Kind (Specify) Contributor Type Individual Name and Address of Employer Library of Congress 101 Independence Ave SE, Washington, DC 20540			12/00/2021	\$ 300.00
Individual Name and Address of Employer Georgetown Public Affairs 2122 Newport Pl NW, Washington, DC 20037 Aggregate Year-To-date S 1,500.00 40. Full Name, Mailing Address and Zip Code Jennifer Romm Cash Money Order Check Aday, year) Cashier Check Credit Card Other (Specify) In Kind (Specify) In Kind (Specify) Name and Address of Employer Library of Congress 101 Independence Ave SE, Washington, DC 20540 S 2,500.00 S 1,500.00 S 2,500.00 Receipt This Period Aday, year) S 200.00			_	
Name and Address of Employer Georgetown Public Affairs 2122 Newport PI NW, Washington, DC 20037 Aggregate Year-To-date S 1,500.00 40. Full Name, Mailing Address and Zip Code Jennifer Romm Cash Money Order Check Agy, year) Cashier Check Credit Card Other (Specify) In Kind (Specify) In Kind (Specify) Name and Address of Employer Library of Congress 101 Independence Ave SE, Washington, DC 20540		Occupation Managing Director		
Aggregate Year-To-date S 1,500.00	muryiduai	* *		
Aggregate Year-To-date 40. Full Name, Mailing Address and Zip Code Jennifer Romm Cash Money Order Check Cashier Check Credit Card Other (Specify) In Kind (Specify) Name and Address of Employer Library of Congress 101 Independence Ave SE, Washington, DC 20540 Contributor Type Individual Amount of Each Receipt This Period Amount of Each Receipt This Period Receipt This Period 12/06/2021 \$ 200.00		_		
40. Full Name, Mailing Address and Zip Code Jennifer Romm Cash Money Order Check day, year) Cashier Check Credit Card Other (Specify) In Kind (Specify) Name and Address of Employer Library of Congress 101 Independence Ave SE, Washington, DC 20540 Date (month, day, year) Receipt This Period 12/06/2021 \$ 200.00 Receipt This Period Receipt This Period Page 200.00 S 200.00				<u> </u> \$ 1.500.00
Jennifer Romm 1336 30th St NW, Washington, DC 20007 Cashier Check Credit Card Other (Specify) In Kind (Specify) Contributor Type Individual Name and Address of Employer Library of Congress 101 Independence Ave SE, Washington, DC 20540 Receipt This Period 12/06/2021 \$ 200.00	40 Full Name Mailing Address and 7in Cod-		Data (m. m.1	
1336 30th St NW, Washington, DC 20007 Cashier Check Credit Card Other (Specify) In Kind (Specify) Contributor Type Individual Name and Address of Employer Library of Congress 101 Independence Ave SE, Washington, DC 20540				
Contributor Type Individual Name and Address of Employer Library of Congress 101 Independence Ave SE, Washington, DC 20540		1 1, 1 11		_
Contributor Type Individual Name and Address of Employer Library of Congress 101 Independence Ave SE, Washington, DC 20540	1000 John Street, 11 ashington, DC 20007		12/06/2021	\$ 200.00
Individual Name and Address of Employer Library of Congress 101 Independence Ave SE, Washington, DC 20540		1 27		
Name and Address of Employer Library of Congress 101 Independence Ave SE, Washington, DC 20540		Occupation		
Library of Congress 101 Independence Ave SE, Washington, DC 20540	Individual	Name and Address of Employer		
		* *		
Aggregate Year-To-date \$200.00		101 Independence Ave SE, Washington, DC 20540		
		Aggregate Year-To-date		\$ 200.00

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Full Name of Committee (Name of Candidate, if Candidate is reporting)

41. Full Name, Mailing Address and Zip Code	C4-314 T	Data (manth	A
Shelly Galli	Contribution Type ☐ Cash ☐ Money Order ☐ Check	Date (month, day, year)	Amount of Each Receipt This Period
4411 Cathedral Ave NW, Washington, DC	☐ Cashier Check ☐ Credit Card		-
20016	Other (Specify)	12/06/2021	\$ 500.00
	☐ In Kind (Specify)		
Contributor Type	Occupation	7	
Individual	Name and Address of Employer	1	
	Not employed		
	Aggregate Year-To-date		\$ 500.00
42. Full Name, Mailing Address and Zip Code	Contribution Type	Date (month,	Amount of Each
Winton Holladay	☐ Cash ☐ Money Order ☐ Check	day, year)	Receipt This Period
3200 Idaho Ave NW, Washington, DC 20016	☐ Cashier Check ☐ Credit Card	12/06/2021	\$ 500.00
	Other (Specify)		
Contributor Type	☐ In Kind (Specify) Occupation	1	
Individual	Name and Address of Employer	+	
	Not employed		
	1.00 cmproyed		
	Aggregate Year-To-date	•	\$ 500.00
43. Full Name, Mailing Address and Zip Code	Contribution Type	Date (month,	Amount of Each
Cherrie Doggett	☐ Cash ☐ Money Order ☐ Check	day, year)	Receipt This Period
5002 Warren St NW, Washington, DC 20016	☐ Cashier Check ☐ Credit Card	12/07/2021	\$ 500.00
	Other (Specify)	12/0//2021	\$ 200.00
Contributor Torre	☐ In Kind (Specify)	-	
Contributor Type Individual	Occupation Parking and Real Estate	4	
	Name and Address of Employer Doggett Ent Inc		
	1200 29th St NW, Washington, DC 20007		
	Aggregate Year-To-date		\$ 500.00
		.	
44. Full Name, Mailing Address and Zip Code Brittany Sawyer	Contribution Type ☐ Cash ☐ Money Order ☐ Check	Date (month,	Amount of Each
· ·	☐ Cash ☐ Money Order ☐ Check ☐ Cashier Check ☑ Credit Card	day, year)	Receipt This Period
2624 P St NW, Washington, DC 20007	☐ Other (Specify)	12/07/2021	\$ 50.00
	☐ In Kind (Specify)		
Contributor Type	Occupation Real Estate	1	
Individual	Name and Address of Employer	1	
	Washington Fine Properties		
	2624 P St NW, Washington, DC 20007		
	Aggregate Year-To-date		\$ 50.00
45. Full Name, Mailing Address and Zip Code	Contribution Type	Date (month,	Amount of Each
Martha Dippell	☐ Cash ☐ Money Order ☐ Check	day, year)	Receipt This Period
101 E Melrose St, Chevy Chase, MD 20815	☐ Cashier Check ☐ Credit Card	12/09/2021	\$ 500.00
	☐ Other (Specify) ☐ In Kind (Specify)		
Contributor Type	Occupation	1	
Individual	Name and Address of Employer	1	
	Not employed		
	Aggregate Year-To-date		\$ 500.00
	I		

OCF FORM 16 SCHEDULE A Page 10 of 10 for Line Number 11a

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN COMMITTEES

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contributions, or for commercial purposes.

Full Name of Committee (Name of Candidate, if Candidate is reporting)

Brooke Pinto for Ward 2			
46. Full Name, Mailing Address and Zip Code Anne Rogers 1505 28th St NW, Washington, DC 20007 Contributor Type Individual	Contribution Type □ Cash □ Money Order □ Check □ Cashier Check ☑ Credit Card □ Other (Specify) □ In Kind (Specify) Occupation Name and Address of Employer Not employed	Date (month, day, year) 12/12/2021	Amount of Each Receipt This Period \$ 500.00
	Aggregate Year-To-date	•	\$ 500.00
47. Full Name, Mailing Address and Zip Code Daniel Korengold 101 E Melrose St, Chevy Chase, MD 20815 Contributor Type Individual	Contribution Type □ Cash □ Money Order □ Check □ Cashier Check ☑ Credit Card □ Other (Specify) □ In Kind (Specify) Occupation Businessman Name and Address of Employer Ourisman Automotive	Date (month, day, year) 12/31/2021	Amount of Each Receipt This Period \$ 500.00
	101 E Melrose St, Chevy Chase, MD 20815 Aggregate Year-To-date		\$ 500.00
TOTAL This Period (Aggregate of all Receipt page			\$ 19,675.00

TOTAL This Period (Aggregate of all expenditure pages)

\$ 3,333.74

SCHEDULE B ITEMIZED OPERATING EXPENDITURES

OLL Maine of Committee (Maine of Candida	nte, if Candidate is reporting)		
Brooke Pinto for Ward 2			
. Full Name, Mailing Address and Zip Code Daniel Moskowitz 460 L Street NW, Washington, DC 20001	Purpose of Expenditure Consultant	Date (month, day, year)	Amount of Each Expenditure This Period
Occupation Consultant	Name and Address of Employer Self	08/04/2021	\$ 67.50
Full Name, Mailing Address and Zip Code Daniel Moskowitz 460 L Street NW, Washington, DC 20001	Purpose of Expenditure Consultant	Date (month, day, year)	Amount of Each Expenditure This Period \$ 540.00
Occupation Consultant	Name and Address of Employer Self	10/01/2021	3 340.00
. Full Name, Mailing Address and Zip Code Daniel Moskowitz 460 L Street NW, Washington, DC	Purpose of Expenditure Consultant	Date (month, day, year)	Amount of Each Expenditure This Period
Occupation Consultant	Name and Address of Employer Self	10/13/2021	\$ 585.00
Full Name, Mailing Address and Zip Code Sophie Ossip 5015 Warren Street, Washington, DC 20016	Purpose of Expenditure Consultant	Date (month, day, year)	Amount of Each Expenditure This Period
Occupation	Name and Address of Employer Brooke Pinto for Ward 2 1219 Q Street NW, Washington, DC 20009	12/20/2021	\$ 80.00
. Full Name, Mailing Address and Zip Code Truist Bank 1219 Q Street NW, Washington, DC 20009	Purpose of Expenditure Bank Fees	Date (month, day, year)	Amount of Each Expenditure This Period
Occupation	Name and Address of Employer	12/20/2021	\$ 61.24
. Full Name, Mailing Address and Zip Code Daniel Moskowitz 460 L Street NW, Washington, DC 20001	Purpose of Expenditure Consultant	Date (month, day, year) 12/20/2021	Amount of Each Expenditure This Period \$ 2,000.00
	Name and Address of Employer	12/20/2021	\$ 2,000.00

OCF FORM 16

SCHEDULE E LOANS OWED BY THE COMMITTEE TO THE CANDIDATE

Page 1 of 1 for Line Number 13a

Full Name of Committee (Name of Ca Brooke Pinto for Ward 2	andidate, if Candidate is repor	ting)			
1. Full Name, Mailing Address and	d Zip Code	Original Amount of	Payment this	Cumulative	Balance Outstanding
of Loan Source		Loan	period	Payment to Date	at Close of this Period
Brooke Pinto 1219 Q Street NW, Washington	n, DC 20009	\$ 25,000.00	\$ 0.00	\$0.00	\$ 25,000.00
Terms:	Date Incurred: 04/21/2020	Date Due: 12/31/2020 In	nterest Rate: 0.	00 % (apr)	
TOTALS this period (Aggregate the Subtotals from all Loan Schedules) \$25,000.00					
Carry Outstanding Loan Balance forward to Line 10 (a) on the Summary Page.					